

REPORT ON ADOLESCENT CHEMICAL DEPENDENCY PROGRAMS - 2006

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**Prepared for: The Division Of Alcohol and Drug
Abuse, The Attorney General's Office, and The
Department of Corrections - STATE OF SOUTH
DAKOTA**

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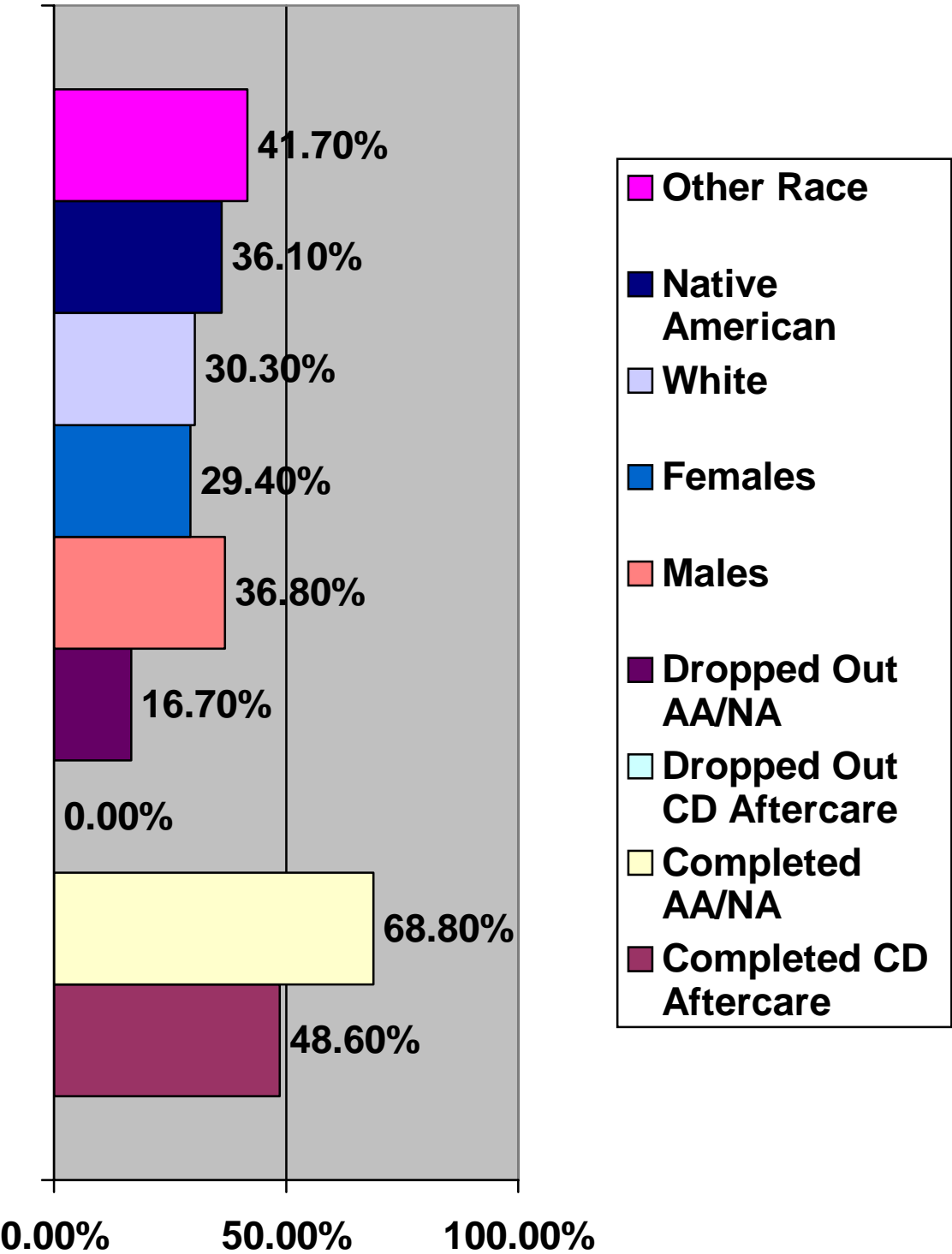
Executive Summary

A summary of the basic findings for Adolescents in DOC programs:

- o The outcome results are based on persons identified as completing chemical dependency during 2005. During the twelve-month follow-up period, most of those on aftercare (67.5%) violated aftercare provisions, more than one-third (35.7%) were arrested on new charges, and 27.1 percent had aftercare revoked. The abstinence rate for this group was 35.3 percent at 12 month post-treatment.
- o The youth clients were favorably impressed with the substance abuse treatment programs. The ratings of the programs by the clients were high.
- o All groups (age, gender, and race) had high, positive ratings of the youth programs.
- o During the last six years the youth clients were specifically impressed with: group sessions, talking/openness, counselors, videos/films, information and knowledge received, getting help with problems, and the chance for self understanding.
- o Some of the areas the clients would like to see improved were: longer treatment programs, more videos/films, more group sessions, and updated videos/films.
- o Alcohol and marijuana were the most frequently used substances during follow-up.
- o Those with favorable profiles (working, rated as doing 'Good' in overall functioning, and not using substances) had very good outcome results: 0.0% with new charges, 46.2% violated provisions of their aftercare, and only 6.7% were revoked.

- o Those rated by JCA's as having good compliance in their aftercare programs were more likely to have had good outcome results (e.g., low aftercare violations, and low revocation rates, etc.).
- o Juveniles with good progress in academic and employment pursuits were more likely to have good outcome results (e.g., greater abstinence, and low revocation rates) than were those rated as making fair or poor progress.
- o Those who were working had greater success (e.g., fewer incarcerations, less aftercare violations, and low revocation rates) than did those who were not working.
- o Clients completing the AA/NA meetings were much more likely (4.1 times) to be abstinent than were those dropping out of AA/NA meetings.
- o In the 12-month period after treatment the juveniles spent 12.9 times fewer days in the hospital than they did 12 months prior to entering treatment, along with 3.5 times fewer ER visits.
- o After treatment the juveniles had 17.8 times fewer accidents as a driver than they did before entering treatment.
- o In the 12-month period after treatment the juveniles had 64.0 times fewer accidents as a passenger than they did 12 months prior to entering treatment.

Abstinence Rates: Various Groups



Generally, youth clients completed or had completed for them, four evaluation forms: Form A is the counselors' evaluations of how well the clients did in the overall program and in various segments of the treatment program. Form B is the clients' evaluations of the Drug and Alcohol Treatment program. Form C is a follow-up form designed to measure client outcomes (arrests, drinking, working, education, etc.) after clients have finished the treatment programs. The follow-up forms are completed by JCA's administered after the clients have been on probation for about twelve months. A history form was completed by client or counselor at entry into the substance abuse treatment program. The first segment of the report is an assessment of the clients' perceptions of the program (Form B), based on forms received as of November 15, 2006.

The results of the Client Assessment Form (Form B) on 2,074 persons who had completed one of the Youth Chemical Dependency Treatment Programs between January 1, 1999 and November 15, 2006 are presented below.

The cumulative results presented below are based on the information tabulated on 945 males and 175 females who completed alcohol and drug treatment programs. The results in this section are also presented and compared for the last four years of the program.

DEMOGRAPHIC INFORMATION

About one-sixth (15.6%) of the clients were females but the majority (84.4%) were males. See Table A1 below. The percent of males has been similar for the past four years (see Table A2).

**TABLE A1
GENDER**

Gender	Youth Programs
Males	945 (84.4%)
Females	175 (15.6%)
Total	1120

**TABLE A2
Percent Males by Year**

	2004	2004	2005	2006
Percent Males	85.3%	81.8%	83.6%	84.6%
Percent Females	14.7%	18.2%	16.4%	15.4%

More than one-half (52.1%) of the program participants who completed the evaluation forms were Whites, about one-third (36.1%) were Native Americans, and the remainder (11.8%) were all 'Others' (including those who identified themselves as mixed blood Native Americans). See Table B1 for results by race. Over time there has been a fluctuating proportion of persons by ethnicity (See Table B2).

**TABLE B1
RACE**

Race	Youth Programs
Native Americans	404 (36.1%)
Whites	582 (52.1%)
Others	132 (11.8%)
Total	1118

**TABLE B2
Race by Year**

	2003	2004	2005	2006
Native Americans	29.6%	40.6%	40.2%	44.6%
Whites	62.7%	49.0%	41.8%	32.3%
Others	7.8%	10.5%	18.0%	23.1%

More than three-fourths (77.3%) of the program participants during this reporting period were between the ages of 16 and 18. About one-fifth (21.5%) were between 12 and 15 years old and a few (0.8%) were 19 years old or older (see Table C1). The average age of the program participants was about 16.4 years. The age was very consistent throughout the last four years of the program (see Table C2).

**TABLE C1
AGE**

Age	Youth Programs
12-15 Years Old	240 (21.5%)
16-18 Years Old	866 (77.7%)
19 And Over	9 (0.8%)
Total	1115

TABLE C2

	2003	2004	2005	2006
Age by Year	16.6	16.5	16.3	16.3

BASIC RESULTS OF CLIENT RATINGS

The information in Table 1A concerns the ratings by the clients of the individual counseling they received during the treatment program. The rating scale ranged from 1 to 4 with 1 being Poor, 2 representing Fair, 3 signifying Good, and 4 indicating Excellent. The ratings for individual counseling were high (overall average 2.8 out of a possible 4.0). A high percent (68.7%) indicated Good or Excellent ratings, some (21.7%) rated the individual counseling of the program to be Fair and 9.5 percent rated the counseling as Poor. The mean ratings increased between 2003 and 2005 but dropped in 2006 (see Table 1B).

TABLE 1A

RATING OF INDIVIDUAL COUNSELING

	Poor	Fair	Good	Excell	Mean
Youth Programs	9.5%	21.7%	44.0%	24.7%	2.8%
Number of Cases	93	212	429	241	975

TABLE 1B

	2003	2004	2005	2006
Rating of Individual Counseling	2.6	3.0	3.1	2.5

The clients rated the quality of group counseling very high (mean = 3.4). Nearly all (93.1%) rated group counseling as Good or Excellent, and only nine persons rated the program's group counseling as Poor (see Table 2A). The ratings have remained consistently high over time (see Table 2B).

**TABLE 2A
RATING OF GROUP SESSIONS**

	Poor	Fair	Good	Excell	Mean
Youth Programs	0.8	6.1	40.6	52.5	3.4
Number of Cases	9	67	445	576	1097

TABLE 2B

	2003	2004	2005	2006
Rating of Group Sessions	3.3	3.4	3.5	3.2

The information presented in Table 3A has reference to the ratings by the clients of the usefulness of the films and videotapes viewed as part of the treatment program. The ratings were good (overall average 3.0 out of a possible 4.0), but not as high as the group (3.4) session ratings. Nearly three-fourths (72.6%) indicated a Good or Excellent rating, some (19.4%) indicated Fair, and eighty-six persons felt that the films had Poor utility.

**TABLE 3A
RATING OF USEFULNESS OF FILMS AND VIDEOTAPES**

	Poor	Fair	Good	Excell	Mean
Youth Programs	8.0%	19.4%	41.0%	31.6%	3.0
Number of Cases	86	209	442	340	1077

TABLE 3B

	2003	2004	2005	2006
Rating of Usefulness of Films	2.8	3.0	3.1	2.8

The clients also rated the quality of films and videotapes as good (overall mean = 2.9). Over two-thirds (68.0%) of the respondents rated the quality of the films and videotapes as Good or Excellent, while some (22.5%) rated the program's films as Fair and 9.5% felt that the films had Poor quality (see Table 4A). Ratings have improved since 2003 with a decline in 2006 (see Table 4B). Based on written comments, a frequent request is that the films be updated.

TABLE 4A
RATING OF QUALITY OF FILMS AND VIDEOTAPES

	Poor	Fair	Good	Excell	Mean
Youth Programs	9.5%	22.5%	40.5%	27.5%	2.9
Number of Cases	102	241	434	295	1072

TABLE 4B

	2003	2004	2005	2006
Rating of Quality of Films	2.6	2.9	3.2	2.8

The information presented in Table 5A refers to the ratings by the clients of the facilities available for the treatment programs. The ratings were good (overall average 3.2 out of possible 4.0). Slightly more than four-fifths (82.1%) indicated a Good or Excellent rating, 14.5% indicated Fair, and a few (3.4%) felt that the facilities were Poor. The ratings have been consistent over time (see Table 5B).

TABLE 5A
RATING OF FACILITIES

	Poor	Fair	Good	Excell	Mean
Youth Programs	3.4%	14.5%	44.3%	37.8%	3.2
Number of Cases	37	158	482	412	1089

TABLE 5B

	2003	2004	2005	2006
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Rating of Facilities	3.1	3.1	3.2	3.1
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One of the most important factors rated was the overall quality of the program. The clients gave the overall program a very high rating (mean = 3.5 for all years since 1999). Nearly all (93.2%) of the respondents rated the overall quality of the program as Good or Excellent (see Table 6A).

**TABLE 6A
OVERALL RATING OF PROGRAM**

	Poor	Fair	Good	Excell	Mean
Youth Programs	0.9%	5.8%	38.7%	54.5%	3.5
Number of Cases	10	64	424	597	1095

TABLE 6B

	2003	2004	2005	2006
Rating of Program	3.4	3.4	3.6	3.3

The next series of questions asked the clients to agree or disagree with statements about the program. The rating scale ranged from 1 to 7 with 1 to 3 representing Disagree, 4 signifying Undecided, and 5 through 7 indicating Agree. The tables below indicate the following word categories: Strongly Disagree, Disagree, Undecided, Agree, and Strongly Agree.

The respondents' ratings were in strong agreement with the statement that "I gained much knowledge from the program." The overall mean (6.2 out of a possible 7) was very high. Overall, 84.8% agreed with the statement, thirty-seven persons disagreed and twenty people were undecided (see Table 7A). The ratings have been similar, but declined in 2006 (see Table 7B).

**TABLE 7A
I GAINED KNOWLEDGE FROM THE PROGRAM**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	1.0%	2.4%	1.8%	43.8%	51.0%	6.2
Number Cases	11	26	20	483	561	1101

TABLE 7B

	2003	2004	2005	2006
Rating of Knowledge Gained	6.1	6.3	6.4	5.8

Those who responded to the questionnaire were also in strong agreement with the statement "I liked the program." This pivotal question was rated high (5.7 on a 7-point scale). Overall, 84.3 percent agreed with the statement, 8.2 percent disagreed and 7.5 percent were undecided (see Table 8A). The means have been consistent with a decline in 2006 (see Table 8B).

**TABLE 8A
I LIKED THE PROGRAM**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	2.8%	5.4%	7.5%	53.3%	31.0%	5.7
Number Cases	31	59	82	586	341	1099

TABLE 8B

	2003	2004	2005	2006
I Liked the Program	5.4	5.6	5.9	5.1

The respondents strongly agreed with the statement "The counselors were helpful." The mean (6.3 for all years since 1999) was very high. Overall, 93.7% agreed with the statement, forty-one persons disagreed and twenty-eight persons were undecided. About two-thirds (60.1%) circled the highest value (7) on the scale (see Table 9A). The means have remained high (see Table 9B) and were improving except for a decline in 2006.

**TABLE 9A
THE COUNSELORS WERE HELPFUL**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	0.9%	2.8%	2.5%	33.6%	60.1%	6.3
Number Cases	10	31	28	369	661	1099

TABLE 9B

	2003	2004	2005	2006
The Counselors were Helpful	6.2	6.3	6.5	5.9

The respondents tended to disagree (61.4%) with the statement "The program was too long." Conversely, those who responded to the questionnaire were more likely to agree with the statement "The program was too short." The

responses to these questions indicated the clients saw a need for longer programs (see Tables 10 and 11).

TABLE 10
THE PROGRAM WAS TOO LONG

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	35.5%	25.9%	16.5%	14.8%	7.4%	2.9
Number Cases	390	284	181	162	81	1098

TABLE 11
THE PROGRAM WAS TOO SHORT

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	23.6%	19.9%	21.7%	22.3%	12.5%	3.7
Number Cases	256	216	235	241	135	1083

The respondents' ratings were in agreement with the statement that "The information presented in the program was useful." The overall rating (mean = 6.1) was high. Nearly all (92.6%) agreed with the statement, 3.5 percent disagreed and forty-three persons were undecided (see Table 12A). The ratings for the usefulness of the information have been consistent the previous three years with a decline noted in 2006 (see Table 12B).

TABLE 12A
THE INFORMATION PRESENTED WAS USEFUL

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	1.2	2.3	3.9	45.8	46.8	6.1
Number Cases	13	26	43	504	515	1101

TABLE 12B

	2003	2004	2005	2006
The Information was Useful	6.0	6.1	6.3	5.8

The respondents agreed with the statement "Because of this program I am a better person." The mean (5.7) was moderate. Overall, 83.6% agreed with the statement, 7.3% disagreed and 9.1% were undecided. More than one-third (37.2%) of those responding circled the highest value (a 7- which is strongly agree) of the scale (see Table 13A). Consistent with other results of this report, the clients indicated lower ratings for 2006 (see Table 13B).

TABLE 13A
BECAUSE OF PROGRAM I AM A BETTER PERSON

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	2.2%	5.1%	9.1%	46.4%	37.2%	5.7
Number Cases	24	57	100	510	409	1100

TABLE 13B

	2003	2004	2005	2006
I am a better person	5.7	5.8	6.0	5.4

The respondents tended to disagree (71.3%) with the statement "There was too much information presented in the program" (see Table 14A). This finding, coupled with the statement about the length of the program, clearly showed a desire by the clients for a longer and more comprehensive treatment programs.

TABLE 14A
TOO MUCH INFORMATION WAS PRESENTED

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	41.4%	29.9%	15.3%	10.6%	2.9%	2.5
Number Cases	453	327	167	115	32	1094

TABLE 14B

	2003	2004	2005	2006
Too Much Information Presented	2.7	2.8	2.5	2.4

The respondents agreed with the statement "The program was well organized." The overall rating (mean = 5.9) was high. A large majority (86.1%) agreed with the statement, 5.9 percent disagreed with the statement and 7.9 percent were undecided (see Table 15A).

TABLE 15A
THE PROGRAM WAS WELL ORGANIZED

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
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Youth Programs	1.1	4.8	7.9	48.6	37.5	5.9
Number Cases	12	53	87	535	413	1100

TABLE 15B

	2003	2004	2005	2006
Too Much Information Presented	5.6	6.0	6.1	5.6

When asked, "Would you recommend the Alcohol and Drug Treatment Program to other persons?" the respondents were nearly unanimous in their approval of the program. All but 73 persons indicated that they would recommend the program to other persons. The results have been high (see Table 16B) with a notable decrease in 2006.

TABLE 16A
I WOULD RECOMMEND THIS
PROGRAM TO OTHER PERSONS

	Yes	No
Youth Programs	93.4%	6.6%
Number Cases	1025	73

TABLE 16B

	2003	2004	2005	2006
Recommend to Other Persons	92.8%	92.8%	94.9%	83.1%

PROGRAM ASSESSMENT FORM

Information for this section of the report was obtained from the Program Assessment Form, which was completed by counselors most familiar with the clients' program and progress. The information was collected for persons completing treatment programs between January 1, 1999 and November 2005. Information was available for a total of 1072 persons, although not everyone answered each question and not everyone was required to attend each program segment.

Group Counseling Sessions

Nearly all (97.9%) attended the required parts of their group counseling sessions. Most (85.1%) received a 'Good' or 'Fair' rating.

	Yes	No
Attended all required parts	1050(97.9%)	22(2.1%)

	Excellent	Good	Fair	Poor
Compared to others, how well client did	107(10.0%)	515(47.9%)	400(37.2%)	53(4.9%)

Individual Counseling

Most (99.6%) attended all of the required parts of their individual counseling sessions. A strong majority (87.4%) received a 'Good' or 'Fair' rating.

	Yes	No
Attended all required parts	456(99.6%)	2(0.4%)

	Excellent	Good	Fair	Poor
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Compared to others, how well client did	43(9.3%)	184(40.0%)	218(47.4%)	15(3.3%)
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Primary outpatient treatment program

Almost all (99.5%) attended the required parts of their primary outpatient treatment program. Most (89.2%) received a 'Good' or 'Fair' rating.

	Yes	No
Attended all required parts	946(99.5%)	5(0.5%)

	Excellent	Good	Fair	Poor
Compared to others, how well client did	78(8.2%)	495(52.1%)	352(37.1%)	25(2.6%)

Aftercare services

Most (82.2%) attended all of the required parts of their aftercare services. The number of persons who completed this section is less than the other segments because aftercare often takes place after formal treatment ends. Many participants (85.9%) received 'Good' or 'Fair' ratings.

	Yes	No
Attended all required parts	273(82.2%)	59(17.8%)

	Excellent	Good	Fair	Poor
Compared to others, how well client did	16(5.2%)	154(50.3%)	109(35.6%)	27(8.8%)

Relapse prevention

Nearly all (95.7%) attended the required parts of relapse prevention. A large majority (88.0%) received a 'Good' or 'Fair' rating.

	Yes	No
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Attended all required parts	823(95.7%)	37(4.3%)
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	Excellent	Good	Fair	Poor
Compared to others, how well client did	53(5.9%)	422(46.9%)	370(41.1%)	55(6.1%)

Overall Assessment of Client

The most frequent (50.8%) rating was 'Good' and 37.3 percent received a 'Fair' rating considering all aspects of the clients' treatment program. Consistent with other comparisons in the program assessment segment, the majority (88.1%) received a 'Good' or 'Fair' rating.

	Excellent	Good	Fair	Poor
Considering all aspects, how well client did	89(7.8%)	579(50.8%)	425(37.3%)	47(4.1%)

Most (69.3%) clients were assessed as somewhat likely to be free of substance abuse in the future. Frequently, those who were very likely to be free of substance abuse also performed well in comparison to others in their program. Likewise, those who were not likely to be free of substance abuse performed fair or poorly when compared to others in their program.

	Very likely	Somewhat likely	Not likely
How likely to be free of substance abuse	97(8.5%)	794(69.3%)	255(22.3%)

Many (65.9%) of the clients were assessed as somewhat likely to be arrest free for law violations in the future.

	Very likely	Somewhat likely	Not likely
How likely to be arrest free	156(13.6%)	753(65.9%)	234(20.5%)

Demographic Information from Adolescent History Form

Information from the history form was available for 924 adolescents who were in a DOC sponsored treatment programs.

Substance Use Frequency

Alcohol, marijuana, and tobacco were the most commonly used substances of those for whom information was available. A vast majority (88.9%) had used alcohol, 84.5 percent had tried marijuana with 36.7 percent using daily. Many (87.0%) reported tobacco use.

Substance	None	Rarely < 1 Month	1-3 Times Month	1-5 Days Week	6-7 Days Week
Alcohol	11.1%	13.3%	32.7%	35.0%	8.0%
Marijuana	15.5%	13.1%	12.4%	22.4%	36.7%
Barbiturates	77.1%	11.6%	6.2%	3.2%	1.9%
Stimulants	66.4%	16.0%	8.3%	5.5%	3.8%
Tranquillizers	88.4%	7.9%	2.3%	1.1%	0.2%
Hallucinogens	70.7%	18.2%	6.7%	2.8%	1.7%
Painkillers	75.0%	14.0%	6.6%	3.1%	1.4%
Opiates	86.8%	8.7%	2.7%	1.1%	0.6%
Cocaine	75.2%	15.0%	5.9%	2.6%	1.4%
Inhalants/Glue	82.3%	12.3%	3.1%	1.8%	0.6%
Over Counter	72.8%	13.4%	7.8%	4.0%	2.0%
Tobacco	13.0%	3.0%	3.6%	7.5%	72.9%

Age of Onset of Substance Use

The average age of persons starting any substance use was about 12.0 years old with smoking cigarettes averaging the earliest age (11.3) and marijuana the oldest.

Question On Age	Average Age
How old were you when you started drinking alcohol?	12.2
How old were you when you started using marijuana?	12.4
How old were you when you started using any other drugs?	12.1
How old were you when you started smoking cigarettes?	11.3

Substance Use/Social Use Patterns

A strong majority (83.7%) of the clients reported that half or more of their friends used alcohol or other drugs.

How Many of Your Friends Use Alcohol or Other Drugs?	Number of Cases	Percents
None	10	1.1%
Less Than One-Half	140	15.2%
About One-Half	240	26.1%
Over One-Half	246	26.7%
Nearly All	284	30.9%

Alcohol or Drug Use during Activities

More than one-half (60.7%) of those completing the questionnaire indicated that they used alcohol or drugs at school. Nearly all (97.6%) of the clients drank alcohol or used drugs with their friends, over one-half (53.7%) used substances with their siblings, and about one in five (20.6%) used drugs or drank with their parents.

How Often Do You Use Alcohol or Drugs During Activities?	Never	Sometimes	Usually	Always
At School	39.3%	38.6%	15.2%	6.9%
With Parents	79.4%	17.6%	1.6%	1.4%
With Siblings	46.3%	36.5%	12.1%	5.1%
With Friends	2.4%	8.5%	35.3%	53.8%
With Others	18.1%	32.4%	25.1%	24.3%

Substance Use Confrontations

Those most likely to 'often' confront persons about alcohol or drug use were parents, social workers/probation officers, and other relatives.

How Often Have You Been Confronted About Your Use of Alcohol or Drugs By the Following:	Never	Sometimes	Often
Parents	14.3%	36.9%	48.8%
Siblings	33.4%	42.5%	24.0%
Other Relatives	34.6%	39.2%	26.3%

School Personnel	60.7%	27.9%	11.4%
Friends	34.9%	46.8%	18.3%
Social Worker/P.O.	33.6%	31.1%	35.3%

Emotional/Psychological Difficulties - Past Year

The major emotional problems in the past year were: depression (56.5%), restlessness (52.0%), nervousness (47.8%), sleep problems (47.1%), lack of energy (47.0%), and tension (46.9%).

In the Past Year Have You Been Frequently Troubled By the Following:	Number of Cases	Percent Yes
Nervousness	896	47.8%
Tension	893	46.9%
Restlessness or Irritability	902	52.0%
Depression	904	56.5%
Suicidal Thoughts	906	19.5%
Sleep Problems	905	47.1%
Lack of Energy	908	47.0%
Panic/Anxiety Attacks	921	32.2%
Starved Yourself to Loose Weight	917	2.9%
Binge Eating/Forced Vomiting	919	3.4%
Attempted to Kill Yourself	918	10.8%

Lifetime Stressors

The most frequently mentioned stressors in lifetime were: death of a close friend (54.2%), separation of parents (48.5%), and divorce of parents (39.8%).

Stressor	Number of Cases	Percent With Stressor
Death of a Parent	871	13.1%
Death of a Sibling	878	15.7%
Death of a Close Friend	880	54.2%
Divorce of Parents	877	39.8%
Separation of Parents	872	48.5%
Remarriage of Parent	872	25.3%

Past Year Stressors

The most commonly mentioned past year stressors included: loss of a close friendship (53.5%) and serious family financial problems (27.4%).

Stressor	Number of Cases	Percent With Stressor
Serious Family Financial Problems	899	27.4%
Serious Injury to Self	899	15.5%
Serious Illness in Self	899	8.1%

Loss of Close Friendship	903	53.5%
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Self Perceptions

The most positive perceptions, based on responses to 'Usually' were parents' love, respect for themselves, the way they looked, parents' and friends' respect for them, and taking care of themselves physically.

Self Image	Rarely	Sometimes	Often	Usually
Do You Take Care of Yourself Physically?	3.5%	14.3%	30.2%	51.9%
Do You Like the Way You Look?	5.1%	17.7%	23.6%	53.6%
Do You Consider Yourself Attractive?	9.1%	23.0%	25.3%	42.6%
Do You Respect Yourself?	3.1%	13.8%	28.6%	54.5%
Are You Ashamed of Yourself?	47.0%	39.9%	9.0%	4.0%
Do You Hate Yourself?	73.7%	21.6%	2.7%	2.0%
Do You Feel Like Killing Yourself?	88.6%	8.5%	0.8%	2.0%
Do Your Parents Respect You?	4.0%	12.6%	29.9%	53.4%
Are Your Parents Ashamed of You?	60.1%	30.5%	5.8%	3.5%
Do Your Friends Respect You?	4.0%	13.1%	33.2%	49.7%
Do Your Parents Love You?	2.2%	2.2%	9.2%	86.4%

Religious Involvement

Most (61.2%) of the clients had formal religious training.

Have You Had Any Formal Religious Training?	Number of Cases	Percent
Yes	565	61.2%
No	358	38.8%

A majority (61.3%) of the clients attended religious services within the last month.

How Long Since You Attended Religious Services?	Number of Cases	Percent
Over a Year Ago	195	22.0%
Within Last Year	148	16.7%
Within Last Month	544	61.3%

More than one-third (37.4%) of the clients typically attended religious services weekly.

How Often Do You Typically Attend Religious Services?	Number of Cases	Percent
Never	227	24.8%
Several Times a Year	193	21.1%
1-3 Times a Month	152	16.6%
Weekly	342	37.4%

General Relationships

The clients had their best relationships with siblings, mothers, and fathers.

Person	Mostly Fight	Avoid One Another	Get Along	Close	Not Applicable
Mother	4.4%	5.2%	27.0%	58.0%	5.4%
Father	3.9%	10.2%	28.3%	31.5%	26.1%
Stepmother	4.2%	6.7%	14.8%	6.5%	67.8%
Stepfather	5.0%	7.0%	19.3%	11.0%	57.6%
Siblings	3.1%	3.9%	29.6%	58.1%	5.3%

General Relationships Adjusted After Removing 'Not Applicable'

The best reported relationships were with siblings, mothers, and fathers. The worst relationships were between clients and their stepfathers and/or stepmothers.

Person	Mostly Fight	Avoid One Another	Get Along	Close
Mother	4.7%	5.5%	28.5%	61.4%
Father	5.3%	13.8%	38.3%	42.7%
Stepmother	13.0%	20.9%	46.0%	20.1%
Stepfather	11.9%	16.6%	45.5%	26.0%
Siblings	3.3%	4.2%	31.2%	61.3%

OPEN-ENDED QUESTIONS (Responses for the Past Six Years)

What did you like best about the Treatment Program?

- Group sessions, group discussions, the group (118 responses)
- Talking openly, group trust and support, sharing (118 responses)
- Counselors (110 responses)
- Movies and videos (71 responses)
- Information and knowledge received (59 responses)
- Getting help with problems (help of the group) (45 responses)
- Chance to look, learn about, understand, and examine self (40 responses)
- Learned about alcohol and chemical effects (27 responses)
- Learning/learned something (27 responses)
- Meditation, relaxation, and music therapy (20 responses)
- Presentation/Counselor presentation (15 responses)
- Tools/techniques to stay off drugs and alcohol (13 responses)
- Material/packets (12 responses)
- Dealing with feelings and problems (9 responses)
- Everything (9 responses)
- Program structure (9 responses)
- Relate to others (9 responses)
- Counseling (8 responses)
- Liked it/it was good (8 responses)
- Relapse part (8 responses)
- Triggers (7 responses)
- Activities/projects (7 responses)
- One on one counseling (7 responses)
- People understanding/caring (7 response)
- Assignments, homework (6 responses)
- Feedback/advice (6 responses)
- Lectures (6 responses)
- Crafts (5 responses)
- Dealing with reality (5 responses)
- Helping or hearing others/listening to others (5 responses)
- Help to see I had a problem/serious problems (5 responses)
- Nothing (5 responses)
- Role playing (5 responses)
- Thinking errors (5 responses)
- Honesty (4 responses)

- Showed how to stay away/handle drugs and alcohol (4 responses)
- Written work/writing things down (4 responses)
- Fun stuff once in a while/liked fun stuff (4 responses)
- Learn from others (3 responses)
- The work (3 responses)
- Another chance to be sober (2 responses)
- Autobiographies (2 responses)
- Bio Physics (2 responses)
- Choice to change (2 responses)
- Daily reading (2 responses)
- Good paced, not rushed/self paced (2 responses)
- Intensity of program (2 responses)
- Not judged (2 responses)
- The higher power (2 responses)
- Adequate time to talk (1 response)
- Being open-minded (1 response)
- Discipline (1 response)
- Family sessions (1 response)
- Getting out (1 response)
- Got away from DI's (1 response)
- Got to plan and conduct group (1 response)
- Had time to work on drug problem (1 response)
- Helped my perspective (1 response)
- Hope to do better (1 response)
- Humor to put a point across (1 response)
- It was an individual program (1 response)
- It was only once a week (1 response)
- No comment (1 response)
- People didn't give up on me (1 response)
- People have gone through worse (1 response)
- Steps (1 response)
- Stickers (1 response)
- Teach it to others (1 response)
- To know that I am not alone (1 response)
- Transaction plans and goals (1 response)
- Taking down the wall (1 response)
- They didn't lecture (1 response)
- When I had a question there was a solution (1 response)

OPEN-ENDED QUESTIONS (Responses of the Past Six Years)

What, if anything, about the program do you think needs to be changed?

- Nothing (232 responses)
- Longer treatment program/more time/not rushed (44 responses)
- More videos (30 responses)
- More group sessions or more often or longer (24 responses)
- Update videos/better videos (24 responses)
- Less paper work/homework (23 responses)
- Not sure or NA (22 responses)
- More one on one (18 responses)
- Amount of work assignments (16 responses)
- Schedule change (more days, fewer hours, time of day, more intense, etc.) (15 responses)
- More talking/discussion (14 responses)
- Organization (12 responses)
- Length (11 responses)
- More information (11 responses)
- Videos (10 responses)
- Food (9 responses)
- Time (9 responses)
- Better facilities (6 responses)
- More activities (6 responses)
- Staff (6 responses)
- More meditation (5 responses)
- More participation (4 responses)
- Repetition (4 responses)
- Workbook or some material hard to understand (4 responses)
- All irrelevant material/off topic discussions (3 responses)
- Stop switching counselors (3 responses)
- Twelve steps (3 responses)
- Consistent rules/rules (2 responses)
- Environment (2 responses)
- Fewer lectures (2 responses)
- Less talking (2 response)
- More about the steps (2 responses)
- More class work (2 responses)
- More family time (2 responses)
- More info/videos on effects of drugs (2 responses)
- More meetings (2 responses)
- More time to self/more work time (2 responses)

- Negative behavior of clients (2 responses)
- No video/less videos (2 response)
- People being kicked out (2 responses)
- PRI (2 responses)
- Rooms (2 responses)
- Take homes for remembering (2 responses)
- Written assignments, exercises (2 responses)
- AA (1 response)
- A continuous structure (1 response)
- More at Quest, less at Adept (1 response)
- Attendance of counselors (1 response)
- Better role models (1 response)
- Blinds on windows to block DI's (1 response)
- Clients should run it more (1 response)
- Counselor more open to group ideas (1 response)
- CSAP needs its own room (1 response)
- Get ride to PRI program (1 response)
- Data presentation (1 response)
- Focus more on CD issues (1 response)
- Less time processing (1 response)
- Little bit of the information given (1 response)
- Medical effects of drugs and alcohol (1 response)
- More about meetings when home (1 response)
- More based on problems with emotional (1 response)
- More fun/interesting (1 response)
- More groups held outdoors (1 response)
- More homework (1 response)
- More on how to stay sober (1 response)
- More on relapse (1 response)
- More outings (1 response)
- More teamwork (1 response)
- More understanding (1 response)
- More videos kids can relate to (1 response)
- More visual descriptions (1 response)
- More visits every week (1 response)
- Need more juveniles to teach this (1 response)
- Need to get rid of fronts they have (1 response)
- No relaxation tapes, music (1 response)
- Not mandatory (1 response)
- Part about having a good attitude (1 response)
- People choose what help they need (1 response)
- Regular daily inventory (1 response)
- Shorter treatment (1 response)
- Sitting for so long (1 response)
- Smaller AA groups (1 response)
- Smaller groups (1 response)

- Talk about problems, not workbook assignments (1 response)
- Talking about feelings isn't necessary (1 response)
- Teacher method of teaching (1 response)
- Work on packets in groups (1 response)

TWELVE MONTH FOLLOW-UP

Introduction

A follow-up form was completed on juveniles who were in

chemical dependency treatment programs provided by the South Dakota Department of Corrections. The forms were completed by the Juvenile Corrections Officers (JCA's) on persons who had completed the treatment programs and were placed on aftercare. In general the forms were to be completed at the one-year anniversary of completing the chemical dependency treatment programs. The average (median) follow-up time was less than one year (332 days) for this particular report. The follow-up time was defined as: the time between the date form was completed and the date the clients completed treatment. Some juveniles had completed programs and some had been revoked before a year was up and were subsequently placed in another program. It was a challenge to track individuals completing multiple programs and getting the appropriate sequence of forms. Since people could have been in the follow-up process several times, the focal point (unit of analysis) was the release from programs, not individuals per se. The numbers are small (n = 85) because a new follow-up form was implemented in 2006.

The results of the twelve month follow-up forms were based on 85 persons who had one-year follow-up forms completed for them by JCA's during the past 12 months, except as noted. Not all of the information was available on all persons. The results presented below are based on the information tabulated on 17 females and 68 males.

Demographic Information

About one-fourth (20.0%) of the clients were females and a majority (80.0%) were males.

GENDER

Gender	Number of Cases	Percent
Males	68	80.0%
Females	17	20.0%
Total	85	

For this follow-up period, there was an equal number (42.3%) of 'White' and Native American clients, while 15.3 percent were identified as 'Others.'

RACE

Race	Number of Cases	Percent
Native American	33	42.3%
White	33	42.3%

Others	12	15.4%
Total	78	

About two-thirds (65.1%) of the program participants were 16-17 years old. Some (22.0%) were 11-15 years old, and a few (12.0%) were 18 or older.

AGE		
Age	Number of Cases	Percent
11-15 Years Old	19	22.9%
16-17 Years Old	54	65.1%
18 And Over	10	12.0%
Total	83	

Living Arrangement (While on Aftercare)

In delineating the client's living status during the follow-up period, it was found that living with 'Mother' (34.1%) was the most common situation, followed by living with 'Other Family' (25.9%), and 'Other' (16.5%).

CLIENT'S CURRENT LIVING STATUS		
LIVING STATUS	NUMBER	PERCENT
Both Parents	10	11.8%
Mother	29	34.1%

Father	6	7.1%
Spouse	0	0.0%
Other Family	22	25.9%
Job Corp	3	3.5%
Living Independently	1	1.2%
Other	14	16.5%
Total	85	

About two-fifths (41.2%) of the clients were employed with either part- or full-time work.

EMPLOYMENT STATUS	NUMBER	PERCENT
Employed Full-Time	12	14.1%
Employed Part-Time	23	27.1%
Not Employed, But Should Be	13	15.3%
Not Employed, But Seeking Job	16	18.8%
Not Employed, Not Required To Be	21	24.7%
Total	85	

Current Aftercare Status

Of the persons in the follow-up study, about two-thirds (62.4%) were currently in aftercare, 27.1 percent had been revoked, and 11.8 had absconded. Because of the multiple responses to the various categories the total percent sums to more than 100 percent.

Status	Number of Cases	Percent
Currently on Aftercare	53	62.4%
Discharged Successfully	1	1.2%

Discharged Unsuccessfully - Due to Adult Charges	0	0.0%
Aftercare Revoked	23	27.1%
Absconded	10	11.8%
Other	8	9.4%

MEDICAL SITUATIONS/SAFETY

The History Form collects information on persons at the time of entrance into the chemical dependency treatment program. On this form, persons are asked many pertinent questions, including information about medical and safety issues in the past 12 months. These same medical and safety questions are asked 12 month post treatment. The comparative medical/safety information between the History and Follow-up Forms are presented in the table below. There were a number of notable improvements between the pre- (History Form) and post-assessment (Follow-up Form): 12.9 times fewer days hospitalized; 3.5 times fewer ER visits; 5.1 fewer office visits; 17.8 times fewer motor vehicle accidents as a driver; and, 64.0 times fewer accidents as a passenger.

Medial Area	History Form	Follow-up Form
1. How many times was juvenile hospitalized?	# times: .06	# times: .07
2. How many days was juvenile hospitalized?	# days: 2.2	# days: .17
3. How many emergency room (ER) visits?	# visits: .39	# visits: .11
4. How many office visits to a doctor or other health professionals (nurse, dentist, chiropractor, physical therapist, etc.)?	# visits: 4.54	# visits: .89
5. How many times was juvenile involved in a motor vehicle accident <u>as a driver</u> ?	# accidents: .71	# accidents: .04
6. How many times was juvenile involved in a motor vehicle accident <u>as a passenger</u> ?	# accidents: .64	# accidents: .01

Chemical Use

During the follow-up period, alcohol (61.9%) was the most frequently used drug, followed by marijuana (45.2%). Overall, the abstinence rate for this group of adolescence was 35.3 percent.

Drug	Did Not Use	Used Once	Used Occasionally	Used Frequently
Alcohol	38.1%	14.3%	40.5%	7.1%
Marijuana	54.8%	13.1%	20.2%	11.9%
Meth	94.0%	1.2%	1.2%	3.6%
Cocaine	95.2%	1.2%	2.4%	1.2%
Other Stimulants	91.7%	0.0%	4.8%	3.6%
Depressants	98.8%	0.0%	0.0%	1.2%

Hallucinogens	96.4%	0.0%	2.4%	1.2%
Opiates	96.4%	0.0%	1.2%	2.4%
Inhalants	96.3%	0.0%	1.2%	2.4%
Other Drugs	96.4%	0.0%	2.4%	1.2%

Violated Technical Provisions of Aftercare

During this follow-up period, most (67.5%) of the juveniles violated at least one aspect of their aftercare provisions. The most common violations were curfew, drugs/alcohol, AWOL/absconded/runaway, curfew, and problems at school.

	Yes	No
Technical Violations	56 (67.5%)	27 (32.5%)

Arrested for New Offenses/Charges

Almost one-third (35.7%) of the persons in the follow-up study were arrested for new charges. The most common charges were drugs/alcohol and theft/burglaries.

	Yes	No
New Charges/Offenses	35.7%	64.3%

Incarcerated

About one-half (47.6%) of the persons in the follow-up study were incarcerated for new charges, aftercare violations, or revocation placements.

	Yes	No
Incarcerated	47.6%	52.4%

Revoked

More than one-fourth (27.1%) of the persons in the follow-up study were revoked. The most common placement after revocation was the Brady Academy.

	Yes	No
Revoked	27.1%	72.9%

Reasons for Revocation

Of those revoked, the category of 'Technical Violations' was the most common (46.9%) followed closely by 'Both Technical and New Charges' (43.8%).

Reason	Number of Cases	Percent
Technical Violations	15	46.9%
New Offenses	3	9.4%
Both Technical and New Charges	14	43.8%
Total	32	

Attendance: Support Groups

Unfortunately attendance at support groups was not widely used with less than 50 percent attending AA/NA and even less attendance at other self-help support groups. The lack of support group attendance may be one reason for the relatively low abstinence rates.

Support Group	Never Attended	Stopped Going	Attended Once Per Month or Less	Attended two-three Times Per Month	Attended Weekly	Attended two-three Times Per Week
AA/NA	56.0%	7.1%	4.8%	13.1%	19.0%	0.0%
Alateen/Alanon	95.2%	2.4%	0.0%	0.0%	2.4%	0.0%
Other Self-Support	61.4%	2.4%	12.0%	6.0%	16.9%	1.2%

Attendance: Aftercare Programs/Other Support Programs

Nearly two-thirds attended at least some CD aftercare sessions, about one-half had individual therapy or counseling, and nearly one-third were involved in family therapy or counseling.

Type of Program	Never Attended	Stopped Going	Attended Once Per Month or Less	Attended two-three Times Per Month	Attended Weekly	Attended two-three Times Per Week
CD Aftercare	36.9%	8.3%	4.8%	8.3%	41.7%	0.0%
Individual Therapy/Counseling	51.2%	11.9%	4.8%	11.9%	20.2%	0.0%
Family Therapy/Counseling	69.5%	12.2%	6.1%	3.7%	8.5%	0.0%
Other	94.9%	0.0%	0.0%	0.0%	2.5%	2.5%

SUBJECTIVE/OPINION AREA

The JCA's were asked to rate the juveniles on a number of factors related to compliance, relationships, progress,

overall functioning, and likelihood of being arrested/not arrested. About one-third (35.3%) of the juveniles received 'Excellent' or 'Good' ratings for compliance with aftercare plans. About 40-50 percent of the clients received 'Excellent' or 'Good' ratings for relationships with important peer and family members. About one-half of the juveniles were rated as doing 'Excellent' or 'Good' on the 'Overall' level of functioning of juvenile.

Rating Area	Excellent	Good	Fair	Poor	N/A
Compliance with DOC Aftercare plan	11.8%	23.5%	30.6%	28.2%	5.9%
Relationships with individuals with whom juvenile resides	10.6%	30.6%	38.8%	17.6%	2.4%
Relationships with family members not living with juvenile	6.0%	36.9%	42.9%	9.5%	4.8%
Relationships with peers/friends	8.2%	44.7%	32.9%	11.8%	2.4%
Employment progress	11.9%	23.8%	20.2%	32.1%	11.9%
Educational progress	14.1%	23.5%	34.1%	21.2%	7.1%
Overall level of functioning of juvenile	8.2%	41.2%	35.3%	15.3%	0.0%
Probability of remaining arrest-free	8.2%	29.4%	31.8%	30.6%	0.0%

Gender Differences in Outcomes

There were no statistically significant relationships between gender and the outcome factors of abstinence, arrests, incarcerations, aftercare violations, and revocations.

Gender

	Female	Male
Percent Abstinent	29.4%	36.8%
Percent Arrested	37.5%	35.3%
Percent Incarcerated	50.0%	47.1%
Percent Violating Aftercare	76.5%	65.2%
Percent Revoked	29.4%	26.5%

Ethnic Differences in Outcome

For this reporting period there was one statistically significant difference between ethnicity and outcome results. For incarceration, the 'Other' category had a much lower rate than did Native Americans or 'Whites.'

Ethnicity

	Native American	Other	White
Percent Abstinent	36.1%	41.7%	30.3%
Percent Arrested	28.6%	33.3%	51.5%
Percent* Incarcerated	54.3%	16.7%	57.6%
Percent Violating Aftercare	63.9%	90.0%	65.6%
Percent Revoked	25.0%	16.7%	30.3%

*Statistically significant

Age Differences in Outcome

The youngest group (12 to 15) had higher abstinence rates than the older two groups. There were no other statistically significant differences between outcome factors and age categories.

	12-15	16-17	18 and Over
Percent* Abstinent	51.4%	23.8%	0.0%
Percent Arrested	34.3%	39.0%	75.0%
Percent Incarcerated	48.6%	48.8%	75.0%
Percent Violating Aftercare	58.8%	75.6%	75.0%
Percent Revoked	74.3%	71.4%	100.0%

*Statistically significant

Employment and Success

Generally, those working had greater success during follow-up than did those who were not working. The two areas that realized statistically significant results were incarceration and revocations.

Factor	Working Status While on Aftercare		
	Working Full Time	Working Part Time	Not Working Not Looking

Percent Abstinent	41.7%	43.5%	23.1%
Percent Arrested	25.0%	26.1%	50.0%
Percent* Incarcerated	33.3%	34.8%	50.0%
Percent Violating Aftercare	80.0%	60.9%	76.9%
Percent* Revoked	8.3%	17.4%	30.8%

*Statistically significant

Living Arrangement and Success

For this reporting period, there were limited statistically significant results between living arrangements and outcome results with only incarceration being significant

	Living Situation While on Aftercare - Actual				
	Both Parents	Mother	Father	Other Family	All Other Categories
Percent Abstinent	10.0%	48.3%	16.7%	27.3%	37.9%
Percent Arrested	70.0%	27.6%	33.3%	45.5%	28.6%
Percent Incarcerated*	60.0%	20.7%	33.3%	72.7%	64.3%
Percent Violating Aftercare	80.0%	63.0%	100.0%	63.6%	62.1%
Percent Revoked	60.0%	86.2%	83.3%	81.8%	58.6%

*Statistically significant

AA/NA and Outcome Success

Those who attended weekly or greater AA meetings were more likely to be abstinent then were those who stopped attending AA. The results for the other support groups were similar with better outcome results, although the results were not statistically significant due to a low number of cases.

	Abstinence Rates			
Support Group	Never Attended	Stopped Going	Attended Some of the Time	Attended Weekly or More

AA*		16.7%	33.3%	68.8
Alateen/ Alanon		0.0%		50.0%
Other Self- Support Group		0.0%	36.8%	100.0%

*Statistically significant

Aftercare and Outcome Success

Those attending weekly CD aftercare programs had good outcome results while those who stopped attending had very poor results. Additionally, frequent participation in individual or family counseling resulted in better, although not statistically significant, abstinence rates.

	Abstinence Rates			
Program	Never Attended	Stopped Going	Attended Some of the Time	Attended Weekly or More
CD Aftercare*		0.0%	27.3%	48.6%
Individual Counseling		20.0%	21.4%	41.2%
Family Counseling		20.0%	25.0%	28.6%

*Statistically significant

Compliance with DOC Aftercare Plan

Clients with 'Excellent' compliance ratings had superior outcome results (e.g., less drinking, fewer arrests, lower incarceration rates, fewer aftercare violations, and lower revocation rates) compared with those viewed as less diligent in complying with aftercare plans.

	Compliance with DOC Aftercare Plan			
	Excellent	Good	Fair	Poor
Percent Abstinent	80.0%	45.0%	11.5%	16.7%
Percent Arrested	10.0%	30.0%	38.5%	52.2%
Percent Incarcerated	10.0%	30.0%	42.3%	78.3%
Percent Violating Aftercare	30.0%	55.6%	88.5%	83.3%
Percent Revoked	10.0%	10.0%	46.2%	70.8%

All results were statistically significant.

Relationships with Individuals with whom Juvenile Resides

There was a significant relationship between how well clients got along with persons in the household where they resided and the frequency of incarcerations and revocations. Persons who had 'Excellent' relationships were incarcerated 33.3 percent of the time and were revoked at the low rate of 11.1 percent; whereas, those judged to have 'Poor' relationships had much higher incarceration (85.7%) and revocation rates (53.3%).

	Relationships with Individuals with whom Juvenile Resides			
	Excellent	Good	Fair	Poor
Percent Abstinent	44.4%	46.2%	27.3%	26.7%
Percent Arrested	22.2%	34.6%	45.5%	28.6%
Percent* Incarcerated	33.3%	34.6%	45.5%	85.7%
Percent Violating Aftercare	75.0%	52.0%	72.7%	86.7%
Percent* Revoked	11.1%	23.1%	24.2%	53.3%

*Statistically significant

Relationships with Family Members not living with Juvenile

There were no significant or consistent correlations between how well persons related to family members not

living with them and outcome factors

	Relationships with Family Member not living with Juvenile			
	Excellent	Good	Fair	Poor
Percent Abstinent	40.0%	48.4%	25.0%	37.5%
Percent Arrested	20.0%	35.5%	30.6%	62.5%
Percent Incarcerated	60.0%	35.5%	47.2%	75.0%
Percent Violating Aftercare	40.0%	69.0%	69.4%	75.0%
Percent Revoked	60.0%	19.4%	38.9%	62.5%

Relationships with Peers/Friends

There were no statistically significant differences between relationships with peers/friends and outcome results.

	Relationships with Peers/Friends			
	Excellent	Good	Fair	Poor
Percent Abstinent	28.6%	36.8%	42.9%	20.0%
Percent Arrested	28.6%	42.1%	25.0%	44.4%
Percent*Inc arcerated	71.4%	34.2%	57.1%	55.6%
Percent Violating Aftercare	88.3%	70.3%	60.7%	80.0%
Percent Revoked	57.1%	23.7%	50.0%	40.0%

Employment Progress

Employment progress was related to outcome measures. In general, those with Excellent or Good ratings had better outcome results than did those with Fair or Poor ratings. Statistically significant results were noted for abstinence and revocation. Those with Excellent employment results had 50.0 percent abstinent rates, while those with Poor ratings had abstinence rates of only 18.5 percent. The revocation rates were much lower (10.0%) for those with 'Excellent' academic progress ratings than it was (40.7%) for those with

Poor ratings.

	Employment Progress			
	Excellent	Good	Fair	Poor
Percent Abstinent*	50.0%	40.0%	47.1%	18.5%
Percent Arrested	30.0%	30.0%	29.4%	48.2%
Percent Incarcerated	30.0%	35.0%	58.8%	51.9%
Percent Violating Aftercare	66.7%	60.0%	75.0%	74.1%
Percent Revoked*	10.0%	15.0%	23.5%	40.7%

*Statistically significant

Educational Progress

Those with favorable educational progress ratings had greater success (e.g., greater abstinence, fewer arrests, fewer aftercare violations, and lower revocation rates) than did those with Poor ratings.

	Educational Progress			
	Excellent	Good	Fair	Poor

Percent Abstinent*	58.3%	40.0%	37.9%	11.1%
Percent Arrested*	8.3%	50.0%	34.5%	41.2%
Percent Incarcerated	50.0%	45.0%	37.9%	58.8%
Percent Violating Aftercare*	58.3%	75.0%	55.6%	94.4%
Percent Revoked*	8.3%	25.0%	27.6%	44.4%

*Statistically significant.

Overall Level of Functioning

There was a strong correlation between overall perceived functioning and outcome success. All differences reported in this section were statistically significant. Those judged as doing well had low arrest, violation, incarceration, and revocation rates, along with high abstinence rates.

	Overall Level of Functioning			
	Excellent	Good	Fair	Poor
Percent Abstinent*	57.1%	45.7%	30.0%	7.7%
Percent Arrested*	14.3%	34.3%	33.3%	58.3%

Percent* Incarcerated	28.6%	40.0%	56.7%	58.3%
Percent Violating Aftercare*	42.9%	63.6%	73.3%	76.9%
Percent Revoked*	14.3%	11.4%	46.7%	30.8%

All results were statistically significant.

Probability of Remaining Arrest Free

Those judged as likely to remain arrest free while on aftercare had much greater success (e.g., fewer arrests, less aftercare violations, and lower revocation rates) than did those deemed likely to be arrested.

	Probability of Remaining Arrest Free			
	Excellent	Good	Fair	Poor
Percent Abstinent	57.1%	52.0%	33.3%	15.4%
Percent Arrested	14.3%	32.0%	40.7%	40.0%
Percent Incarcerated	28.6%	28.0%	51.9%	68.0%
Percent Violating Aftercare	42.9%	70.8%	53.9%	84.6%

Percent Revoked	14.3%	4.0%	25.9%	53.9%
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All results were statistically significant.

Favorable Profile Clients Compared to Non-Favorable Profile Clients

A favorable profile consisted of persons who were substance free, working, and had 'Good' or 'Excellent' overall performance ratings while on aftercare. A person with a non-favorable profile comprised those who: 1) were not working; 2) had used at least some alcohol or other drugs; and 3) were judged as having 'Bad' overall performance on aftercare. It can be seen from the chart below that those with a favorable profile had excellent outcomes (0.0% arrested, 20.0% incarcerated, 46.2 % violated aftercare, and 6.7% revocations) and those with non-favorable profiles performed very poorly with 62.5 percent being revoked.

Group	New Arrests	Incarceration	Violations	Revoked
Favorable Profile	0.0%	20.0%	46.2%	6.7%
Non-Favorable	56.3%	50.0%	81.3%	62.5%

Profile				
Overall Rates	35.7%	47.6%	67.5%	27.1%

All comparisons between the favorable and non-favorable groups were statistically significant.